

**Department of Community Health
Health Information Technology & Transparency
All Stakeholder Forum - Advisory Board Meeting**

**2 Peachtree Street, NE
Atlanta, Georgia 30303
5th Floor Overflow Room**

**November 18, 2009
1:00 p.m. – 3:00 p.m.**

Members Present

Patty Lavelly	Diane Turcan	Richard Novack (Via Phone)
Pam Mathews	Joel Schuessler	Jack Chapman, M.D.
M. Denise Watson		

DCH Staff and Guest Present

Dr. Rhonda Meadows	Ophelia Spears	William McDenson
Renea Steele	Patricia Middleton	Phillip Bronnon
Alicia McCord-Estes	Bonni Liston	Alison Earles
Carladenise Edwards	James Truesdale	Audrey Foster
Anjanette Keane-Dawes	Jerry Dubberly	Anthony Oloni
Karen Schoenfeld	Paul Anderson	Cory Weston
Kim Nolen	Christopher Kunney	Dominic Mack, MD
Kristen T. Jadan	Charles Turcan	Ayo Alaran
Donna Scott	David Kocher	Sally Connally
Michael Johnson	Paula Guy	Holly Snow
Wes Cook	Pat Williams	Jason Clark
Debra Carlton	Cynthia Windsor	Michael Lundie
Mark Pasquale	Dennis White	John Wilson
Tom Kornegay	Mike Mann	Arusha Braithwaite
Sara Lambart	Tommy Phillips	Beverly Alexander
Denise Hines	Jack Buxbaum	Timothy Roark
Danika Tynes	Marc Olsen	Elizabeth Ofili, MD
Jason Broce	Ahmad Amer	Mark Braunstein, MD
Cheryll Collier	Jack Chapman	Wayne Wells
Robert Mayberry	Susan Thomas	Ed Gotlieb
Janis Leonard	Charles Smith	Richard Turner
Rich Calhoun	Michael F Harris	Harry Strothers
Tod Citron	Jon Kaplan	JD "Chip" Strosnider
Daniel Thompson	Glenn Pearson	Connie Nelson
Steve Rushing	Matt Parrack	Kim Avant
Katherine Casey	Linda Womack	Doris Konneh
Tori Rodriguez	Margaret Ramsey-Blakie	Michael Mosquito
Rondered Sidney	Priscilla Golden	Bill Kanto
Darin Gilstrap	Debra Fowler	
Mark Edelstein	Hal Scott	
Carl Hawkins	Tom Stewart	
William Alexander	David Klements	

Call to Order - Renea Steele, Director, DCH - Office of HITT

The meeting began promptly at 1:00pm. Mrs. Steele welcomed the attendees to the special All Stakeholders Meeting. The agenda was provided to the stakeholders upon signing in as well as an index card to write down questions that may arise during the presentations. The index cards will be collected and the questions on them will be answered in the meeting and the questions that are not answered will be posted on our web site at:

<https://sharepoint/sites/hitt/advisors/default.aspx>.

Approval of Minutes - Patty Lavelly, Chair

Chairwoman Patty Lavelly commenced with the agenda. Due to a quorum of the Board not being present, she requested that the approval of the prior meeting minutes to the December Advisory Board meeting be delayed

The State's HITT Vision**Rhonda Medows, MD, FAAFP, DCH Commissioner, SDE Chief Executive Officer**

Commissioner Medows gave a presentation on The State's HITT Vision.

Dr. Medows stated that the key people she would like to pull in to make sure that Georgia is connected would be people that specialize in the following: population health, health planning, clinical care, research and education.

The state HIE cooperative agreement with the US Department of Health and Human Services (HHS) has been submitted to HHS. It will set the stage for the development of Health Information Exchange starting first with planning grants. DCH is anticipating a response in December and starting the work in January.

The other grant opportunities are The Regional Extension Centers. Every state and region had the opportunity to develop a Regional Extension Center to help primary care providers and the providers for underserved to become adopters of Electronic Health Records and to support them through that effort. The National Center for Primary Care at Morehouse School of Medicine, has filed this application on behalf of the state of Georgia. They will be the state's partner in winning this award. Grants can be found at www.grants.gov for those that have an interest in them.

We will have a HIE as well as an EMR available to safety net providers. Our new fiscal agent, EDS, along with their partner eClinical Works, will be provide those services for us going forward. Medicaid and SCHIP will have a Health Information Exchange and safety provider will be invited to make sure that there current EHR interfaces well with that exchange once it is up and going. If they do not have a system already, they may also choose to purchase/lease an EMR through a SaaS arrangement.

ARRA-HITECH Opportunities Regional Extension Center

**Dominic H. Mack, MD, MBA, Deputy Director, National Center for Primary Care
Morehouse School of Medicine**

The National Center of Primary Care, Morehouse School of Medicine and DCH have been working together diligently to submit a proposal for the Regional Extension Centers. The main objective of the extension center is to extend into the communities and help the providers to implement EHR within their offices to meet the meanings of meaningful use.

The Extension Centers will work together with the Research Center which will most likely be located in Washington, DC to come together to have best practices for the implementation of Electronic Health Records.

Goals and Objectives:

Focus is on the small practices, the safety net providers, and the underserved communities.

Proposed to establish the center at the National Center for Primary Care and formulate 18 different adoption centers across the state that will be married with the 18 districts within the Public Health Departments in Georgia.

The Adoption Centers will have two teams; outreach/education team and a technical team.

EHR will have to be on a platform and have standards where they can connect to the information exchange and will make sure that the physicians meet these standards. The biggest obstacle is getting the physicians and providers to adopt.

Medicaid Incentive Update

Jerry Dubberly, PharmD, MBA, State Medicaid Director

We have been challenged through the HITECH portion of ARRA to create a Medicaid Incentive program. The purpose of the Medicaid Incentive Program is to incentivize the adoption and the use of Electronic Health Records for meaningful use. We will be held highly accountable for how we use those funds that are given to us and how we use and track the funds.

Individual providers can only receive incentives from either Medicare or Medicaid and will have to choose and evaluate which will be best for them based on their current situation and their needs.

Built into the Medicare incentive program is an additional statement that if the Electronic Health Record is not adopted by 2015 then the Medicare payment will actually decrease. The statute doesn't have any type of corresponding language for Medicaid reimbursement so we will not have a program that will cut reimbursement to Medicaid providers based on a lack of adoption of Electronic Health Records

Children's Hospitals are eligible entities to receive the incentives. Acute Care Hospitals have to have more than 10% Medicaid patient's loads. FQHC and RHC have to have 30% or more Medicaid patient loads. The individual providers have to have 30% Medicaid patient load unless you are a Pediatrician and then it is 20% or more.

Privacy and Security Regulations

Alison Earles, DCH Attorney, State Health Benefit Plan

Attorney Earles presented slides on behalf of DCH-HIPAA Privacy and Security Officer, Ruth Carr. Overcoming obstacles to adoption is a critical importance in HIT and ensuring meaningful use. An absolute commitment to Privacy and Security is essential to overcoming obstacles and meaningful use.

There were significant changes to HIPAA that were included in the HITECH Act. HITECH is a short hand for the Health Information Technology for Economic and Clinical Health Act. Includes significant changes to the Privacy Rules of HIPAA.

HITECH Privacy and Security Act impose data breach notification requirements for HIPAA-covered entities and business associates as well as increases enforcement and penalties for breaches.

There has been an increase in penalties for HITECH breaches that will go back to 2/18/2009.

State Broadband Workgroup

Rich Calhoun, Program Director, State Broadband Stimulus, GTA

There were 4.1B in broadband grants and loans that were made available. Georgia has 168 applications, 75 Multi-state, 11 BIP only, and 82 Georgia Specific.

The program is across two federal agencies which are Dept of Commerce which has the broadband technology opportunity program, and Dept of Agriculture which is the broadband initiative program.

Mr. Calhoun invited members to look at the georigabroadband.net website to look at the information on what needs to be done in regards to broadband.

State of Georgia ARRA RD1 Recommendations slide was presented.

The Georgia Partnership for Telehealth and 34 partnering healthcare facilities propose a telehealth network that will extend access to healthcare to underserved rural areas in Georgia.

Principles that should be considered when moving forward to figure out what to do with the telemedicine infrastructure:

- Back haul and infrastructure are key elements to making any telemedicine capability work.
- Envision you can create a map of physician location. Overlay those particular maps with service providers and understand which one of those providers provide DSL, T1, and wireless capabilities pursuant to the applications that you might be wanting to deploy.
- -Woo those physicians that get telemedicine application already and they want to be the early adopters.
- Make sure that you track and improve on your service deliverables and get feedback from them.
- Recommend trails because they give you the opportunity to make sure that things are working properly.
- Try to include as many experts as you can in the expansion of the broadband.

State HIE Grants

Carladenise Edwards, PhD, DCH Chief of Staff, State HIT Coordinator

Dr. Edwards began by clarifying that she was not speaking directly about State HIE Grant Program but will be speaking on the State HIE Project.

The State HIE Cooperative Agreement Program purpose is to:

- Promote HIT planning and implementation projects.
- To advance secure HIE across the health care system.
- To improve quality and efficiency of health care
- Build off existing efforts to advance regional and state level HIE & nationwide interoperability.

Dr. Edwards gave her definition on what meaningful use means. Meaningful use means that we have used the data and information that is at our fingertips to try to improve health outcomes, to improve efficiency in the deliver of health care services, and raise the status of the health profile of our state.

We want to have our plan back to the feds early next year so that we can start the design and implementation which is the technical architecture for HIE. We will not be doing one thing at a time but will be doing multiple things.

We have started the process of building a HIE/EHR for Medicaid providers, but we are not stopping there. We should be able to take our respective projects and connect. We will have to meet the domains that are laid out by the federal government. She requested that the group read the funding requirements.

How are we going to sustain this? Homework is to volunteer to become AD HOC members of this Board to help it sustain.

Developing capacity for HIE is an incremental process that requires demonstrated progress across five essential domains:

- Governance
 - Start with existing HITT Advisory Board
 - Build appropriate Governance Model for HIE
- Finance
 - Develop a Solid Business Plan
- Technical Infrastructure
 - Maximize investments made in existing HIEs
- Business and Technical Operations
 - Convene Users to Develop and Evaluate Use Cases consistent with Meaningful Use Criteria
- Legal/Policy
 - Identify and Begin to Eliminate Barriers to Exchange while Building Consumer Protections and Confidence
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We need to create a system that focuses on privacy. A critical starting point is figuring out the barriers to exchange and privacy. Would add to this group that we will have to keep the consumers engaged and informed.

She charged the group to be apart of a team that will help us move to the next level which is an interoperable HIE. We are married to vision and dating the plan. We have to keep our eye on the plan.

Next Steps, Questions

Renea Steele, Executive Director, DCH - Office of HITT

Questions that were collected on the index card were answered. The questions that were not answered will be posted on the OHITT web site.

Next Steps, Workgroups

Renea Steele, Executive Director, DCH - Office of HITT

The group was asked to sign up for a workgroup within the following categories:

- Governance and Financial Capacity
- Legal and Policy
- Business and Clinical Operations
- Technical Infrastructure

With no further business to be brought before the Health Information Technology and Transparency Advisory Board, the meeting adjourned at 2:30 pm.